| Your Name:        |  |
|-------------------|--|
| Your Address:_    |  |
| Your City, State  | e, Zip:  |
| Your Telephone    | e Number:  |
| Today's Date:_    |  |
| Other Party's E   | mployer's Name:  |
| Other Party's E   | mployer's Name:<br>mployer's Address:<br>mployer's City, State, Zip:   |
| Other Party's E   | mployer's City, State, Zip:  |
| Your Court Cas    | se Name:   |
| To the Employe    | er of (Print name of other party),   |
| Regarding: In     | formation Required by Arizona Revised Statutes § 25-513  |
| My name is        | (print your name clearly). The other party and   |
| I are involved in | (print your name clearly) . The other party and a court case for which information is required about how much the other party makes at work        |
| and the other in  | nformation requested below. Arizona law (A.R.S. §25-513) requires that you send this information   |
| to me within 20   | days from the date you receive this request.   |
| Information a     | about other party:   |
| Other Party's N   | ame:   |
| Other Party's S   | ocial Security No. (if known):   |
|                   | eate of Birth (if known):  |
| Information a     | about other party that I want (check the boxes you want):  |
|                   | Present and past employment status of the other party,   |
| Ħ                 | Earnings, income, or other monies without regard to the source, of the party,  |
|                   | Assets,  |
|                   | Availability and description of present or previous health insurance coverage for a dependent child,   |
|                   | The other party's current or last known address, unless protected by an order of protection or injunction against harassment or other court order. |
| Thank you for     | your help in this matter.  |
|                   |  |
| Sincerely,        |  |
| 0.4               | <del></del>  |
| (Your Signature   | <del>;</del> )   |